

PART D - FEE(S) TRANSMITTAL

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36335 7590 03/26/2010

GE HEALTHCARE, INC.
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<u>Lori Allaire</u>	(Depositor's name)
<u>Lori Allaire</u>	(Signature)
<u>June 24, 2010</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559,886	12/07/2005	Alan Cuthbertson	PN0380	1550

TITLE OF INVENTION: PHARMACEUTICAL COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/28/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, DAMERON LEVEST	1618	424-001690

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. CRAIG BOHLKEN
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

GE HEALTHCARE AS

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

OSLO, NORWAY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date _____

Typed or printed name CRAIG BOHLKEN

Registration No. 52628

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